

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: KNAPPIK et al.

Title: PROTEIN (POLY) PEPTIDE LIBRARIES

Prior Appl. No.: 09/025,769

Prior Appl. Filing Date: 2/18/1998

Examiner: Unassigned

Art Unit: Unassigned

JC525 U.S. PRO
09/490324
01/24/00

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Assistant Commissioner for Patents
 Box PATENT APPLICATION
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

Continuation Division Continuation-In-Part (CIP)
 of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

Enclosed are:

- Specification, Claim(s), and Abstract (225 pages).
- Informal drawings (204 sheets, Figures 1-40).
- Declaration and Power of Attorney (4 pages).
- Assignment of the invention to MORPHOSYS AG.
- Assignment Recordation Cover Sheet.
- Check in the amount of \$40.00 for Assignment recordation.
- Small Entity statement.

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Information Disclosure Statement.

Form PTO-1449 with copies of _____ listed reference(s).

The filing fee is calculated below:

Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee			\$690.00	\$690.00
Total Claims: 6	- 20	= 0	x \$18.00	= \$0.00
Independents: 1	- 3	= 0	x \$78.00	= \$0.00
If any Multiple Dependent Claim(s) present:			+ \$260.00	= \$0.00
			SUBTOTAL:	= \$690.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):				= \$0.00
			TOTAL FILING FEE:	= \$690.00

A check in the amount of \$690.00 to cover the filing fee is enclosed.

The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 24, 2000

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By



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